


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 30 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800139269878
12/24/08--01038--011 **277.50
CR2E041 (10/08)

DOCUMENT # L05000046810 +
1. Limited Liability Company's Name
J2 MARITIME INVESTMENTS, LLC +

2. Principal Office Address - No P.O. Box # 1506 PRUDENTIAL DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 1506 PRUDENTIAL DRIVE Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32207	Country USA	Zip 32207	Country USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida 05/11/2005

6. FEI Number 20-2817980 + Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JAY C. HALSEMA Esq.

Street Address (P.O. Box Number Not Acceptable)
1506 PRUDENTIAL DRIVE

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32207

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date **12/10/2008**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNGR	DRAGONFLY PARTNERS, LLC	1506 PRUDENTIAL DRIVE	JACKSONVILLE, FL 32207
	L. SELLERS		
	DEC 31 2008		
	EX		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date **12/10/2008** Daytime Phone# **904-502-6333**

Typed or printed name of signing Managing Member/Manager **Jay C. Halsema, Manager of Dragonfly Partners, LLC**

REINSTATEMENT
2007-2008